



Application or Docket Number

		Effe	ctive Octo			IION RECO	HU		U7	/85	7488	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	L ENTIT		OTHER THAN OR SMALL ENTITY		
Ľ	OTAL CLAIM				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E FE		RATE			
F	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		FEE					
T	OTAL CHARGE	34 m	<i>3</i>					0	BASIC FE	<del></del>		
IN	DEPENDENT (	1	3 minus 3 =			X\$ 9	=	OI	X\$18=	253		
⊢	JLTIPLE DEPE		iiiius 3 =		- $$	X40:		OF	X80=	<u> </u>		
<u> </u>							+135	₌	OF	+270=		
. 1	the difference	e in column 1 is	less than zero, enter "0" in c			column 2	TOTA		OF	` <b></b>	1112	
	(	CLAIMS AS	AMENDE	D - PAR	T II			<u> </u>			R THAN	
_	Γ	(Column 1)	8.50%	(Colum		(Column 3)	SMAL	L ENTIT	Y OR		ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE	ADD TION FEE	AL	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	X\$ 9=		OR	X\$18=		
	Independent	·	Minus	<u> </u>		=	X40=	1	OR	X80=		
	FINST PHESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		105	+	7			
							+135=		OR	+270=		
		(Column 1)		(Colum	- 2\	(Cal 0)	ADDIT. FE		OR	TOTAL ADDIT. FEE		
8		CLAIMS REMAINING	2441.00	(Colum	ST	(Column 3)		ADDI	<b>-</b>			
MENT		AFTER AMENDMENT		PREVIOUS PAID F	JSLY	PRESENT EXTRA	RATE	TIONA		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus	••		=	X\$ 9=		OR	X\$18=		
	Independent	AITATION OF AU	Minus	<u> </u>		=	X40=	<b>—</b>	7	X80=		
	TINOT PRESE	NTATION OF MU	JETIPLE DEF	PENDENT	CLAIM			1-	OR			
•							+135=		OR	+270=		
		<b>6</b>					ADDIT. FEI	<u> </u>	OR	TOTAL ADDIT, FEE	L	
Ţ		(Column 1) CLAIMS	<b>19</b> 00. 0	(Columi		(Column 3)						
	(Sec. )	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	RATE	ADDI- TIONA		RATE	ADDI- TIONAL	
	Total		Minus	••		=	X\$ 9=	FEE	┥	Vaca	FEE	
	Independent	•	Minus	***		=	<del></del>	<del> </del>	OR	X\$18=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT (			CLAIM		X40=		OR	X80=			
• If	the entry in colum	nn 1 is less than the	e entry in colur	nn 2, write "C	)" in colu	umn 3.	+135=		OR	+270=		
;;	the "Highest Nun	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS id For IN THIS	S SPACE is le	ess than	20, enter "20."	TOTAL ADDIT. FEE ound in the ap		OR OX in colu	TOTAL ADDIT, FEE umn 1.		